

TELEPHONE (312) 258-5500

SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

CONFIRMATION NO.: 5900

GROUP ART UNIT: 3732

EXAMINER: J. Wilson

In re application of: Ming-Lai Lai et al.

Serial No.: 10/777,840

Filed: February 12, 2004

For: USE OF FINITE ELEMENT ANALYSIS FOR ORTHODONTIC MECHANICS AND APPLIANCE SELECTION

RESPONSE TO 10/18/06 OFFICE ACTION

MAIL STOP Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*57	MINUS	*53	X 4	() X 25.00 (X) X 50.00	\$200.00
INDEP. CLAIMS	*5	MINUS	4	X 1	() X 100.00 (X) X 200.00	\$200.00
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$150.00 () \$300.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$400.00	

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated for ____ month so that the period for response is extended to _____. A check in the amount of \$ ____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 26 0175. A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 400.00 is attached.

☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 50 1519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5774.

SCHIFF HARDIN LLP (Customer Number: 32692)

Patent Department

BY Trevor B. Jolke (25,542)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 5, 2007.

Trevor B. Jolke

NAME OF APPLICANT'S ATTORNEY

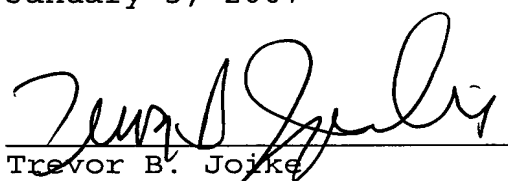
SIGNATURE

January 5, 2007

DATE



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ming-Lai	)	I hereby certify that this
Lai et al.	)	paper is being deposited
	)	with the United States
Serial No.: 10/777,840	)	Postal Service as first
	)	class mail, postage prepaid,
For: USE OF FINITE	)	in an envelope addressed to:
ELEMENT ANALYSIS FOR	)	Commissioner for Patents,
ORTHODONTIC MECHANICS	)	P.O. Box 1450, Alexandria,
AND APPLIANCE SELECTION	)	VA 22313-1450 on this date:
)	
Filed: February 12, 2004	)	January 5, 2007
)	
Group Art Unit: 3732)	
)	
Examiner: J. Wilson)	
	)	Trevor B. Joice
CONFIRMATION NO.: 5900	)	Reg. No. 25,542
	)	Attorney for Applicants

RESPONSE TO 10/18/06 OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTION

Claims 50-106 are now in the application.

Claims 50-102 are rejected.

01/08/2007 HNGUYEN1 00000002 10777840

01 FC:1201
02 FC:1202

200.00 OP
200.00 OP